

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 134  
Registered No. 572

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 78 Grover Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusebio Contreras (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mar. 5, 1926  
Month Day Year

8. FATHER  
Full name Ascencion Contreras

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Zacatecas  
(State or country) Mex.

13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Ester Lara

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Zacatecas  
(State or country) Mex.

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 2  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 11:20 P. m. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician (Physician or midwife)

Address Miami, Arizona

Filed Apr 7, 1926 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Registrar

532-305-531